

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street)

591 REDWOOD HWY., #4000

Check if different
than previously
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2008

through

01

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

02

19

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		302728.78
(b) Cash on Hand at Beginning of Reporting Period	302728.78	
(c) Total Receipts (from Line 19)	40618.74	40618.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	343347.52	343347.52
7. Total Disbursements (from Line 31)	84895.53	84895.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	258451.99	258451.99
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1195.69	
	11 07 2006	CA

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12702.68	12702.68
(i) Itemized (use Schedule A)		
(ii) Unitemized	27808.97	27808.97
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	40511.65	40511.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	40511.65	40511.65
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	107.09	107.09
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40618.74	40618.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40618.74	40618.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2895.53	2895.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2895.53	2895.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	79000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	3000.00	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	84895.53	84895.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84895.53	84895.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	40511.65	40511.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40511.65	40511.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2895.53	2895.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2895.53	2895.53

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43427

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City State Zip Code
HIGHLAND HEIGHTS OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43461

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43401

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

634.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43308

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43344

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City

FISH CREEK

State

WI

Zip Code

54212

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43457

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

584.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43015

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE
APT 1701

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43386

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43411

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

576.93

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	8

Transaction ID: INC.A.43381

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES UHG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	8

Transaction ID: INC.A.43016

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	8

Transaction ID: INC.A.43274

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

576.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43014

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43400

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43227

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

509.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43132

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43325

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43226

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

576.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43368

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43019

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

MR KEVIN MURPHY, JR

Mailing Address 80 PARKWAY

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SVP MARKET STRATEGY AND DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43073

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

576.61

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.Full Name (Last, First, Middle Initial)
MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City	State	Zip Code
MORRISTOWN	NJ	07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	8

Transaction ID: INC.A.43031

Amount of Each Receipt this Period

200.00

B.Full Name (Last, First, Middle Initial)
MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City	State	Zip Code
RAMSEY	NJ	07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	8

Transaction ID: INC.A.43209

Amount of Each Receipt this Period

192.30

C.Full Name (Last, First, Middle Initial)
MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City	State	Zip Code
SPARTA	NJ	07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	8

Transaction ID: INC.A.43388

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

584.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43145

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO

Mailing Address 5201 RIO VISTA DRIVE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43314

Amount of Each Receipt this Period

193.00

C.

Full Name (Last, First, Middle Initial)
JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City State Zip Code
PORT ORANGE FL 32128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43203

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

577.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43396

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43384

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43315

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

576.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43287

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43414

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 8

Transaction ID: INC.A.43121

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

576.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City

LEWISVILLE

State

TX

Zip Code

75056

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43916

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43950

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43890

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

634.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43799

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43835

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City

FISH CREEK

State

WI

Zip Code

54212

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43946

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

584.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43506

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE
APT 1701

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43877

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43900

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

576.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43872

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)
MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code
MEDINA MN 55340

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES UHG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43507

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)
MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City State Zip Code
LONG VALLEY NJ 07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43765

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

576.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43505

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43889

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95621

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43718

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

509.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City State Zip Code
 CLARKSVILLE MD 21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43623

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City State Zip Code
 HILLSDALE NJ 07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43816

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code
 HIGHLAND MILLS NY 10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43717

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

576.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43859

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43510

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

MR KEVIN MURPHY, JR

Mailing Address 80 PARKWAY

City

FAIRFIELD

State

CT

Zip Code

06824

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SVP MARKET STRATEGY AND DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43564

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

576.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43522

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43700

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43879

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

584.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43636

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR RICHARD RUBINO

Mailing Address 5201 RIO VISTA DRIVE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43805

Amount of Each Receipt this Period

193.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43693

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

577.61

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	8

Transaction ID: INC.A.43885

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM CLIN & THERAP SOL GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	8

Transaction ID: INC.A.43875

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	0	8

Transaction ID: INC.A.43806

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

576.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43778

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43903

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES, CEO ACCREDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 8

Transaction ID: INC.A.43612

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

576.93

TOTAL This Period (last page this line number only)

12702.68

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP</p> <p>Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000</p> <p>City MILL VALLEY State CA Zip Code 94941</p> <p>Purpose of Disbursement LEGAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.43499</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 716.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP</p> <p>Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000</p> <p>City MILL VALLEY State CA Zip Code 94941</p> <p>Purpose of Disbursement LEGAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.43495</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 560.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP</p> <p>Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000</p> <p>City MILL VALLEY State CA Zip Code 94941</p> <p>Purpose of Disbursement LEGAL SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.43497</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1466.50</p>

SUBTOTAL of Disbursements This Page (optional)

2743.00

TOTAL This Period (last page this line number only)

2743.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 35

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) JIM RAMSTAD VOLUNTEER COMMITTEE	Transaction ID: EXP.B.43008 Date of Disbursement
Mailing Address 1809 PLYMOUTH ROAD SOUTH, #310	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 2 / 2 0 0 8</div> </div>
City MINNETONKA State MN Zip Code 55305	Amount of Each Disbursement this Period
Purpose of Disbursement CHECK VOIDED; NOT ISSUED	<div>-1000.00</div>
Candidate Name JAMES M RAMSTAD	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008 INC	Transaction ID: EXP.B.42967 Date of Disbursement
Mailing Address 228 S. WASHINGTON ST., STE. 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name LAMAR ALEXANDER	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: EXP.B.42965 Date of Disbursement
Mailing Address 430 SOUTH CAPITOL ST. SE, 2ND FLOO	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 9 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>15000.00</div>
Candidate Name POLITICAL PARTY COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

16500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVE. NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

POLITICAL PARTY COMMITTEE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP.B.42963

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	8

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

MCCONNELL SENATE COMMITTEE '08

Mailing Address P.O. BOX 1496

City
LOUISVILLEState
KYZip Code
40201

Purpose of Disbursement

011

Category/
Type

Candidate Name

MITCH MCCONNELL

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District:

Transaction ID: EXP.B.42968

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	8

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST ST.

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

POLITICAL PARTY COMMITTEE

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: EXP.B.42964

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	8

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

32500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND ST. NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name

POLITICAL PARTY COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.42962

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

NEW DEMOCRAT COALITION PAC

Mailing Address 607 14TH ST. NW, STE. 800

City
WASHINGTON

State
DC

Zip Code
2005

Purpose of Disbursement

011

Category/
Type

Candidate Name

GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.42966

Date of Disbursement

01 / 09 / 2008

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

BLUE DOG PAC

Mailing Address 6849 OLD DOMINION DR., STE. 222

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

011

Category/
Type

Candidate Name

GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.43500

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION PAC (PCMA)

Mailing Address 601 PENNSYLVANIA AVE. NW, STE. 740

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

Candidate Name
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: EXP.B.43501

Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

79000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF WISCONSIN

Mailing Address 222 W. WASHINGTON AVE., STE. 150

City
MADISON

State
WI

Zip Code
53703

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WI

District:

Transaction ID: EXP.B.43009

Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF WISCONSIN

Mailing Address 222 W. WASHINGTON AVE., STE. 150

City
MADISON

State
WI

Zip Code
53703

Purpose of Disbursement

011

Category/
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: WI

District:

Transaction ID: EXP.B.43010

Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 / 35

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL SERVICES

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City State ZIP Code
MILL VALLEY CA 94941

Outstanding Balance Beginning This Period

2026.50

Transaction ID: PAY:D:42033

Amount Incurred This Period

0.00

Payment This Period

2026.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL SERVICES

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City State ZIP Code
MILL VALLEY CA 94941

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:44477

Amount Incurred This Period

1195.69

Payment This Period

0.00

Outstanding Balance at Close of This Period

1195.69

1) **SUBTOTALS** This Period This Page (optional).....

1195.69

2) **TOTALS** This Period (last page this line number only).....

1195.69

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1195.69

Image# 28930609465

Form/Schedule: **SB23** VOID CHECK DATED 7/11/07

Transaction ID: **EXP.B.43008**
